

Division of Long Term Supports and Services BDS- Corrective Action Plan

**Stakeholder Meeting
October 9, 2020
1:00 pm – 3:00 pm
Remote – Zoom**



Corrective Action Plan

In the fall of 2016 NH was notified by CMS of non-compliance with CMS conflict of interest regulations:

- Conflict of Interest (COI)- the Direct Service Provider cannot also be the provider that develops and maintains the Person Centered Plan. The Case Manager cannot be the Direct Service Provider or the organization cannot provide both to the same person.
- Other areas of non-compliance with Medicaid Requirements include Direct Billing, Provider Selection, and Rate Development.
- NH was given until August 31, 2021 to be in compliance.



CAP Extension Request

On September 21, 2020 New Hampshire Department of Health and Human Services requested that the Center for Medicare and Medicaid Services (CMS) extend the compliance date from August 31, 2021 **to July 1, 2023.**

Link to letter:

<https://www.dhhs.nh.gov/dcbcs/bds/documents/cmcs-hcbs-extension-09212020.pdf>

Reasons for extension outlined in request:

Covid-19 Emergency Impact - keeping people safe, competing priorities, provider stability, revenue shortfall and budget reductions.



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Provider Selection Subcommittee



Provider Selection

Goals:

- Identify a baseline for statewide requirements of provider agencies and the provider selection process.
- Standardize the process for provider selection across the state.
- Support families and individuals to find and choose provider agencies without losing the strengths of the current area agency system.



Workgroup Progress

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List of area agency contacts for the provider selection process – **DONE**

Develop Provider Selection Process Template – **ONGOING**

- Intent: Define for families, individuals, and staff the process for provider selection, explain Conflict of Interest and address process for atypical situations such as crisis and no willing and able provider.
- A draft template has been created that outlines the process by which families and individuals will choose their providers and what support is available to them.
- CSNI has worked with this subcommittee to develop consistent language to be used across the state related to services and agency functions.



Workgroup Progress

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Develop Provider Selection Process Template – ONGOING

- The Provider Selection Process subcommittee has begun discussions with the DAADS subcommittee to review the “Guide Function” and more clearly define the role that is responsible to support individuals and families in the Provider Selection Process.
- The Only Willing and Qualified (OWQP) policy and form will be in place to address when there are no willing and able provider agencies. This is currently being revised based on feedback from our statewide sessions.
- The group acknowledges that there is reduced capacity for crisis placements and Intensive Treatment Services and a limited number of providers is available for these options.



Workgroup Progress

Develop a provider directory:

- Intent: Individuals/Families will select a provider agency from those agencies offering the needed service in their desired location.
- Developing a list of provider agencies in the state – **DONE**
 - Data compiled from current ServiceLink providers, Area Agencies, HRST, CSNI, BDS, and survey information.
 - Changes and additions to available provider agencies will be the responsibility of the provider agency.



Workgroup Progress

Develop a provider directory:

- Developing the Provider Selection system - **ONGOING**
 - ServiceLink has been identified as the provider database.
 - ServiceLink works directly with providers to ensure information is accurate.
 - ServiceLink has trained staff that can assist families and individuals with using ServiceLink to its full potential.
 - There are ongoing discussions between the Bureau and ServiceLink to ensure a streamlined search process for waiver services is available (filter option).



Workgroup Progress

Develop a provider agency outcomes report – **ON HOLD**

- Implementation of a provider agency outcomes report was discussed by this group, but this is on hold until after the completed provider directory is in place.



Additional Areas of Focus

- Provider Manual: Providers will use the existing manual for Medicaid Enrolled Providers.
- Provider requirement to be Medicaid Enrolled Providers, even if they are not going to engage in direct billing.
 - Training was held on 9/18/20, over 200 providers attended.
- Requirement for all case managers and service coordinators to be Medicaid Enrolled Providers if they are not affiliated with a Medicaid Enrolled provider or area agency.



Additional Areas of Focus

- Establish a vetting process for provider agencies.
 - ServiceLink engages in business vetting for the providers they list.
 - Program Integrity will have an additional layer of vetting for Medicaid enrolled providers.
 - Local vetting will still need to be done at the Area Agencies.
- Develop process for New Provider Agencies entering NH's DD/ABD/IHS service delivery system. Currently the Area Agencies develop their own processes for contracting with new agencies.



Question and Answer

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Other Questions, Comments, Considerations?

Next Provider Selection Subcommittee Meeting:

December 4th 2020

1:00 pm – 3:00 pm

Remote - Zoom



Division of Long Term Supports and Services BDS- Corrective Action Plan

**Direct Bill/Rates Workgroup
Fiscal Management Services - FMS
Designated Area Agency Delivery
System - DAADS**



- A presentation on Becoming a Medicaid Enrolled Provider was held on Friday, September 18, 2020. The presentation can be found at <https://www.dhhs.nh.gov/oii/pi.htm>.
- Please submit your applications now to become an Enrolled Medicaid Provider.
- Direct Billing will begin 7/1/21.



Direct Billing

- All service providers are required to become a Medicaid enrolled provider who will Direct Bill Medicaid in one of the following two ways:
 1. Use a current back office or build one and bill Medicaid directly; OR,
 2. Hire a third party biller to bill Medicaid on your behalf.
- Area Agencies will be entering ALL Service Authorizations/Prior Authorizations into MMIS, for the individuals they are receiving a DAADS rate for. Providers will then be able to go into MMIS and submit a claim by procedure code modifier combinations.



Rate Modeling

- First round of rate modeling, with Area Agencies only, was completed February 2020.
- Area Agencies continued working, with CSNI, on rate building model which incorporated a data inventory that allows for consistent rate-building processes in all Area Agencies. No rate data is being shared among Area Agencies.
- Second round of rate modeling, to include Area Agencies and private providers, will begin next week.
- A Subcommittee is working on ensuring Case Management tasks are taken out of the Designated Area Agency Delivery System (DAADS) task list so the DAADS and CM rates are specific to their functions.



Case Management Subcommittee

- This subcommittee is working to ensure Case Management tasks are taken out of the Designated Area Agency Delivery System (DAADS) task list so the DAADS and CM rates are specific to their functions.
- A smaller group, consisting of members from the larger subcommittee, will be meeting again next week.
- Once the smaller group is finished the subcommittee will regroup to finalize before bringing it back to the larger group.



Early Supports & Services/Family Support Subcommittee

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- This subcommittee met numerous times to review the Early Supports & Services (ESS)/Family Support (FS) task.
- For each task on the list, a funding source was identified, whether it was State General Funds in the Area Agency contract; Part C Federal funds in the Area Agency contract; or Local funds, which can include private insurance and Area Agency fund raising, to name a few.
- The funding source identified was reviewed for contract (State General Funds) or grant requirements (Part C).
- Tasks without a funding source would be considered to be funded by a Medicaid Administrative rate.
- After many meetings, the determination was that all the tasks for ESS/FS were covered by a funding stream, though not necessarily adequate enough to cover provider expenditures.



Family Centered Early Support & Services (FCESS)

Family Support (FS)

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Subcommittee Members: Jen Doig (DLTSS Business Manager); Dee Dunn Tierney (Bureau Chief, CYSHCN Director); Kathy Gray (Part C Coordinator, FCESS); Ellen McCahon (CSNI); Shelley Kelleher (Vice President & CFO Lakes Region Community Services); Sue Bagdasarian (CFO Community Partners)

Task: Review the FCESS and FS functions & funding sources relative to the DAADS document.



FCESS FUNCTIONAL AREAS

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- Intake/Eligibility Determination
- Provision of Therapeutic Services
- Quality
- Communications
- Training
- Data Collection
- Managing Transfers
- He-M 510



FCESS FUNDING SOURCES

- Medicaid
- Private Insurance
- Part C Funds
- Contract- State General Funds
- Other (i.e. grants)



FS FUNCTIONAL AREAS

- Regional Family Support Council
- Respite Services
- Network & Community Building
- Transitions
- Information & Referral
- Support Services
- Environmental Modifications
- He-M 513 and He-M 519



FS FUNDING SOURCES

- Medicaid
 - Non-Waivered Targeted Case Management
 - Waivered
- Contract- State General Funds
- Other (i.e. grants)



SUBCOMMITTEE ACTIONS

- Developed task documents for both FCESS & FS for BDS review
- Recommendations:
 - FCESS- Review the ability to refuse the use of private insurance. Private Insurance life time maximums are no longer an issue
 - FCESS- Review the Private Insurance expectation amount and how it is determined for Area Agencies
 - FS- Robust contract definition needed for each of the FS functions
 - FS- Funding review is needed- current level is not adequate for functions being provided



Workgroup Activities

Next Steps:

- 2nd Round of Rate Modeling Due by Nov 12, 2020.
- Finalize DAADS & CM task lists.



Question and Answer

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Other Questions, Comments, Considerations?

Next Direct Billing / Rates Workgroup Meeting:

October 16, 2020

10:00 am –12:00 pm

Remote: Zoom Link



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Communication Subcommittee



Communication Subcommittee

- 9/22/2020 – Shared the letter to CMS with families via social media.
- BDS Website is updated: <https://www.dhhs.nh.gov/dcbcs/bds/coi-cap.htm>
- Statewide presentations were completed in 2019.



2019 Statewide Presentations

‣ **October 17th, 6:00pm**

Dover Public Library
73 Locust St, Dover

‣ **October 21st, 5:00pm**

Littleton Regional Hospital
600 St Johnsbury Rd, Littleton

‣ **October 22nd, 4:00pm**

Lakes Region General Hospital
80 Highland Street, Laconia

‣ **October 24th, 6:00pm**

Nashua Public Library
2 Court Street, Nashua

‣ **October 29th, 4:00pm**

Keene Public Library
60 Winter Street, Keene

‣ **October 30th, 5:00pm**

Institute on Disability
57 Regional Drive, Concord

‣ **November 12th, 5:30pm**

Dartmouth-Hitchcock Manchester
100 Hitchcock Way, Manchester



2019 Statewide Presentations

- **November 18th 5:00pm**

Tamworth Community Action Program
448 White Mountain Highway, Tamworth

- **November 19th 6:00pm**

Epping Safety Complex
37 Pleasant Street, Epping

- **November 21st 4:00pm**

Kilton Public Library
80 S Main St, West Lebanon

